

SAMPLE MAPPING #2
NEBRASKA FORM 91:
DIESEL FUEL TAX RETURN

TRANSACTION SET HEADER EXAMPLE #2

Notes: Please reference the attached sample forms to compare to this EDI mapping.

The Header contains only required data from the Form 91. This includes Line 24 and identification and address information. Other line items are either in the Detail portion or are not captured.

```
1  ST~813~0002\  
2  BTI~T6~NE91~47~NE16~20000218~R(space)&(space)~24~476332002~49~0662213~~~~CO\  
3  DTM~194~19991031~~~\  
4  TIA~5025~0\  
5  REF~BE~1\  
6  N1~TP~R & J OIL CORP\  
7  N3~3430 SCOTTSDALE BLVD~\  
8  N4~ANYTOWN~NE~68121~US\  
9  N1~31~R & J OIL CORP\  
10 N3~PO BOX 1600~\  
11 N4~ANYTOWN~NE~68121~US\  
12 PER~TP~DAVID L RASMUSSEN~TE~4025550998~~~EM~DRAS@AOL.COM\  

```

FORM 91: TRANSACTION SET DETAIL EXAMPLE #2

Notes: The Detail contains required line items from Form 91, including Lines 1, 5, 7, 9, 12, 16, and 21. It also contains all columnar line item data from the Schedules MFR and MFD. In this example, the TFS segment is coded to indicate that no schedules are used.

```
13 TFS~T2~NE91\  
14 FGS~91L~PG~160\  
15 TIA~5000~~~0~GN\  
16 TIA~5008~~~0~GN\  
17 TIA~5007~~~0~GN\  
18 TIA~5056~~~0~GN\  
19 TIA~5061~~~0~GN\  
20 TIA~5060~~~0~GN\  
21 TIA~5023~~~0~GN\  

```

FORM 91: TRANSACTION SET TRAILER EXAMPLE #2

Notes: The Trailer “SE” segment counts the number of segments within ST-SE loop, including the ST and SE. The SE also contains a control number that ties it to the ST.

```
22 SE~22~0002\  

```

FORM
91

• Read instructions on reverse side & complete enclosed schedules

PLEASE DO NOT WRITE IN THIS SPACE

If your payment is being made by Electronic Funds Transfer, check here. ☐

R & J OIL CORP
3430 SCOTTSDALE BLVD
ANYTOWN NE 68121

R & J OIL CORP
PO BOX 1600
ANYTOWN NE 68121

☐ Check this box to **CANCEL**.
Attach license and indicate cancellation date

INVENTORY AND RECEIPTS — All Gallons are Gross Gallons

1 Beginning Nebraska inventory of undyed diesel fuel (line 5 from prior month's return)	1	0
2 Total gallons received tax paid (attach MFR Sch. Code 1)	2	0
3 Total gallons received tax free (attach MFR Sch. Codes 2 & 3)	3	0
4 Total of inventory and receipts (total of lines 1, 2, & 3)	4	0
5 Ending Nebraska inventory	5	0
6 Gallons to be accounted for (line 4 minus line 5)	6	0
7 Gain or loss due to temperature variation (line 18 minus line 6)	7	0
8 Total number of gallons to be accounted for (line 6 plus line 7)	8	0

DISBURSEMENTS—All Gallons are Gross Gallons

9	Total gallons of undyed diesel fuel disbursed from terminal inventory as dyed diesel fuel (Suppliers Only) . . .	9	
10	Total gallons sold tax free (attach MFD Sch. Code 6)	10	0
11	Total gallons exported to other states (attach MFD Sch. Code 7)	11	0
12	Total gallons sold tax free supported by Forms 91EX	12	0
13	Total gallons sold tax free to federal agencies (attach MFD Sch. Code 8)	13	0
14	Total tax-free disbursements (total of lines 9 through 13)	14	0
15	Total gallons sold tax paid to licensed suppliers, distributors, wholesalers, importers, and retailers (attach MFD Sch. Code 5)	15	0
16	All other gallons sold or used subject to tax, including gallons of kerosene blended with undyed diesel fuel . .	16	0
17	Total gallons sold tax paid (line 15 plus line 16)	17	0
18	Total disbursements (line 14 plus line 17)	18	0

TAX CALCULATION

19	Gallons subject to tax (line 17 minus line 2)	19		0
20	Total gallons on which tax reimbursement or credit was issued supported by Forms TC91R (attach copies of Forms TC91R)	20		0
21	Total gallons subject to tax (line 19 minus line 20)	21		0
22	Total fuel tax (line 21 multiplied by .241)	22	\$	0 00
23	Commission (.0175 on first \$5,000 PLUS .0025 on excess over \$5,000)	23		0 00
24	Diesel fuel tax due (line 22 minus line 23)	24		0 00
25	Previous balance	25		
26	BALANCE DUE (line 24 plus line 25). Pay in full with return	26	\$	0 00

Under penalties of law, I declare that I have examined this return and schedules, and to the best of my knowledge and belief, they are correct and complete.

sign here _____
 Authorized Signature *David L Rasmussen* Telephone Number *(408) 555-0998*
Owner _____
 Title _____ Date *2-18-2000*

 Signature of Preparer Other than Taxpayer Telephone Number _____
 Address _____ Date _____

THIS RETURN IS DUE ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE TAX MONTH INDICATED ABOVE.

Mail the original return, schedules, and payment to: **MOTOR FUELS DIVISION, P.O. BOX 98904, LINCOLN, NE 68509-8904**